

## Instructions for Completing Service Seeker Registration Form

SA02

- 1) Enter Correct Social Security Number
- 2) Enter Name (Last, First, Initial)
- 3) Enter Date of Birth (Month, Day, Year)
- 4) Check Block for Gender
- 5) Check Block for Race
- 6) Enter Home Street Address (City, State, Zip)
- 7) Enter Mailing Address (if different than Home Address)
- 8) Check Box for When to Call – (Leave blank if cannot be reached by phone)
- 9) Enter Day Time Phone #
- 10) Enter Night Time Phone #
- 11) Enter FAX # (if applicable)
- 12) Enter E-Mail Address (if applicable)
- 13) Check YES or NO For Each of the Following:
  - a. Do you give permission to release information?
  - b. Are you employed?
  - c. Are you drawing unemployment benefits?
  - d. Are you registered with Selective Service?
  - e. Are you a student?
  - f. Are you a military veteran?
- 14) If you answered to YES to “f” Please Enter :
- 15) Branch of Service \_\_\_\_\_: Service From \_\_\_\_\_ To \_\_\_\_\_  
Type of Discharge \_\_\_\_\_
- 16) Do you have a Service Connected Disability?  
Select Yes or No If “ Yes” what Per Cent? \_\_\_\_\_
- 17) Are you a U.S. Citizen? Select “Yes” or “No”  
If you answered “No”, Please Enter:  
Alien Number \_\_\_\_\_: INS number \_\_\_\_\_

Instructions for Completing Work Experience Form  
*(Begin With Present or Most Recent Employer)*

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- 1) Enter Employer's Name
- 2) Enter City and State
- 3) Enter the Job Title
- 4) Enter Duration of the Job (months)
- 5) Select "YES" or "NO" If you have a license for this Occupation
- 6) Enter Start Date (month, day, year)
- 7) Enter End Date (month, day, year)
- 8) Enter Pay Amount
- 9) Select by: Hour, Day, Week, Month
- 10) Circle Reason for Leaving
- 11) Describe your Duties: Be as Detailed as Possible

SA04                      Education

- 1) Enter Name of School Attended
  - 2) Enter School Address (city, state)
  - 3) Enter Dates Attended    From (month/year) To (month/year)  
Enter Major Field of Study
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- 1) Enter Foreign Language
  - 2) Circle YES/NO If you Speak the Language
  - 3) Circle YES/NO If you Read the Language
  - 4) Circle YES/NO If you Write the Language

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## SERVICE SEEKER REGISTRATION

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SOCIAL SECURITY NUMBER		NAME		DATE OF BIRTH		GENDER	
		LAST	FIRST	INITIAL	MONTH	DAY	YEAR
							<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE: <input type="checkbox"/> NTV AM/AL <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER <input type="checkbox"/> ETHNIC HISPANIC							
HOME STREET ADDRESS		CITY		STATE		ZIP CODE	
						WIB CODE (FOR OFFICIAL USE ONLY)	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				CITY		STATE	
						ZIP CODE	
WHEN TO CALL		DAYTIME PHONE		NIGHTTIME PHONE		FAX	
<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> BOTH		(   )    -		(   )    -		(   )	

PLEASE CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING QUESTIONS:

		YES	NO
1. DO YOU GIVE US PERMISSION TO RELEASE INFORMATION CONTAINED IN THIS APPLICATION TO EMPLOYERS AND OTHER WIA SERVICE PROVIDERS?			
2. ARE YOU EMPLOYED?			
3. ARE YOU DRAWING UNEMPLOYMENT BENEFITS?			
4. ARE YOU REGISTERED WITH SELECTIVE SERVICE?			
5. ARE YOU A STUDENT?			
6. ARE YOU A MILITARY VETERAN?			
7. IF YOU ANSWERED "YES" TO QUESTION #6, PLEASE ENTER BRANCH OF SERVICE: _____ SERVICE FROM: _____ TO _____ TYPE OF DISCHARGE: _____ MONTH DAY YEAR MONTH DAY YEAR			
8. DO YOU HAVE A SERVICE CONNECTED DISABILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, WHAT PERCENTAGE:			
9. ARE YOU A UNITED STATES CITIZEN?		YES	NO
10. IF YOU ANSWERED "NO" TO #9, PLEASE ENTER: ALIEN NUMBER: _____ INS NUMBER: _____			

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## WORK EXPERIENCE

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR PRESENT AND PAST EMPLOYMENT. PLEASE BE AS DETAILED AS POSSIBLE.  
USE ADDITIONAL PAGES IF NEEDED.

EMPLOYER		(FOR OFFICIAL USE ONLY) I.D. #	
CITY/STATE			
JOB TITLE		DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION? (YES /NO)		PAY	PER
START DATE:	END DATE:	\$	
REASON FOR LEAVING (LAYOFF FIRED QUIT TERMINATED OTHER)			
DESCRIBE YOUR DUTIES:			

EMPLOYER		(FOR OFFICIAL USE ONLY) I.D. #	
CITY/STATE			
JOB TITLE		DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION? (YES/ NO)		PAY	PER
START DATE:	END DATE:	\$	
REASON FOR LEAVING ( LAYOFF FIRED QUIT TERMINATED OTHER)			
DESCRIBE YOUR DUTIES:			

EMPLOYER		(FOR OFFICIAL USE ONLY) I.D. #	
CITY/STATE			
JOB TITLE		DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION? (YES/ NO)		PAY	PER
START DATE:	END DATE:	\$	W
REASON FOR LEAVING (LAYOFF FIRED QUIT TERMINATED OTHER)			
DESCRIBE YOUR DUTIES:			

EMPLOYER		(FOR OFFICIAL USE ONLY) I.D. #	
CITY/STATE			
JOB TITLE		DURATION	
DO YOU HOLD A LICENSE FOR THIS OCCUPATION? (YES/ NO)		PAY	PER
START DATE:	END DATE:	\$	
REASON FOR LEAVING (LAYOFF FIRED QUIT TERMINATED OTHER)			
DESCRIBE YOUR DUTIES:			

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## SERVICE SEEKER EDUCATION

SCHOOL ATTENDED	SCHOOL ADDRESS	DATES ATTENDED (MO/YR)		MAJOR
		FROM:	TO:	
		FROM:	TO:	
		FROM:	TO:	

LANGUAGES: List any foreign languages that you are able to SPEAK, READ ,or WRITE. INDICATE "YES" OR "NO"

LANGUAGE	SPEAK		READ		WRITE	
	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO

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	YES	NO
ARE YOU DISABLED?		
DO YOU RECEIVE WELFARE/TANF?		
DO YOU RECEIVE FOOD STAMPS?		
ARE YOU WILLING TO RELOCATE?		
DO YOU HAVE TRANSPORTATION?		
ARE YOU A SEASONAL FARMWORKER?		
DO YOU HAVE A DRIVERS LICENSE? IF YES, PLEASE ENTER: CLASS:      ENDORSEMENT:      RESTRICTION:		
ARE YOU A RECENTLY SEPARATED (48 months or less) VETERAN?		
ARE YOU RECEIVING UNEMPLOYMENT COMPENSATION?		
HAVE YOU BEEN UNEMPLOYED FOR 15 OR MORE OF THE PAST 26 WEEKS?		
DID YOUR LAST EMPLOYER'S BUSINESS CLOSE?		
ARE YOU A DISLOCATED WORKER? (FOR OFFICIAL USE ONLY)		
IF YOU HAVE CLERICAL SKILLS AND DESIRE EMPLOYMENT IN THIS FIELD, PLEASE ENTER IN THE NUMBER OF WORDS PER MINUTE (WPM) YOU CAN PERFORM:		
TYPING:      WPM      PC KEYBOARD:      WPM      DICTATION:      WPM		

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## JOB SEEKER INTERESTS

WHAT IS THE MINIMUM PAY YOU WILL ACCEPT? \$ \_\_\_\_\_ PER \_\_\_\_\_  
(Hour, Day, Month, Year)

DO YOU OWN TOOLS FOR THIS OCCUPATION?      YES      NO

CHECK THE DAYS THAT YOU ARE AVAILABLE TO WORK:  
SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

CHECK THE SHIFTS THAT YOU ARE AVAILABLE TO WORK:  
DAYS      EVENINGS      NIGHTS      ROTATING      SPLIT

ARE YOU AVAILABLE FOR WORK (CHECK ALL THAT APPLY)  
FULL-TIME      PART-TIME      PERMANENT      TEMPORARY      SUMMER

PLEASE ENTER THE TYPES OF WORK YOU WISH TO DO AND THE AMOUNT OF EXPERIENCE YOU HAVE IN EACH:

TYPE OF WORK	EXPERIENCE

MSES-AWS-511b (3/6/01)